



ADDITION TO SINGLE FAMILY DWELLING WORKSHEET

City of Glendale Permit Service Center
633 E. Broadway, Room 101 (Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)



Plan Check No. BBP _____

Building Permit No. BB _____

Please type or print legibly in ink

Property Address: _____

Building Information: List the square footage of the following items:

Existing area: _____ Proposed Addition: _____ Total Square Footage: _____

Number of Stories: _____ Height of Building: _____ Type of Const: _____ Sprinklers: Y or N

Description of Work: _____

Percentage Remodel: _____ %

Check this box if work has already started (**Note:** Double the permit fee will be charged for legalization)

Property Owner Information:

Property Owner / Address / Phone / E-mail

Professional Information:

Architect's Name / Address / License # / Phone / E-mail

Engineer's Name / Address / License # / Phone / E-mail

Contractor's Name / Address / License # / Phone / E-mail

Applicant Information:

Applicant's / Contact's Name / Address / Phone / E-mail

Valuation: \$ _____

FOR OFFICE USE ONLY

Revised Valuation: \$ _____ **OK to Submit By:** _____ **Date:** _____

Processed By: _____ **Receipt Number:** _____ **Date:** _____

Fees: Plan Check Energy Strong Motion Building Archive Fee pgs. _____
 Combination Mechanical Electrical Plumbing Sewer \$355, \$491, 627

Clearances:

Engineering / Name / Signature / Date Fire / Name / Signature / Date
 Zoning / Name / Signature / Date DRB / Name / Signature / Date
 Water / Name / Signature / Date Electric / Name / Signature / Date
 Parks & Rec. / Name / Signature / Date School Dist. / Name / Signature / Date

Plan Checked By: _____ **OK to Issue By:** _____ **Date:** _____

Processed By: _____ **Receipt Number:** _____ **Date:** _____

Legal Description: Lot _____ Block _____ Tract _____ Zoning: _____ Fire Zone 4: Y or N

Comments: _____
